

Privacy and Security Solutions for Interoperable Health Information Exchange

California's Final Implementation Plan

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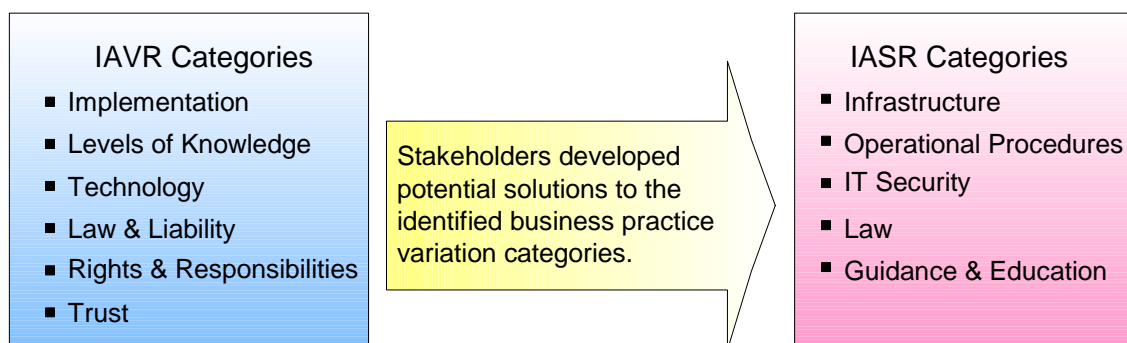
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1. Background

1.1 Purpose and Scope

The Final Implementation Plan Report (FIPR) documents strategies to implement the privacy and security solutions identified by the California stakeholders in the Final Assessment and Analysis Report (FAAR). The FAAR addressed solutions to privacy and security issues relating to healthcare business practices, laws, regulations, and technologies that potentially impede electronic health information exchange (HIE). This report conforms to the structure and elements required by RTI and meets Task 3, Deliverable 6 of the Health Information Security and Privacy Collaboration (HISPC) project contract.

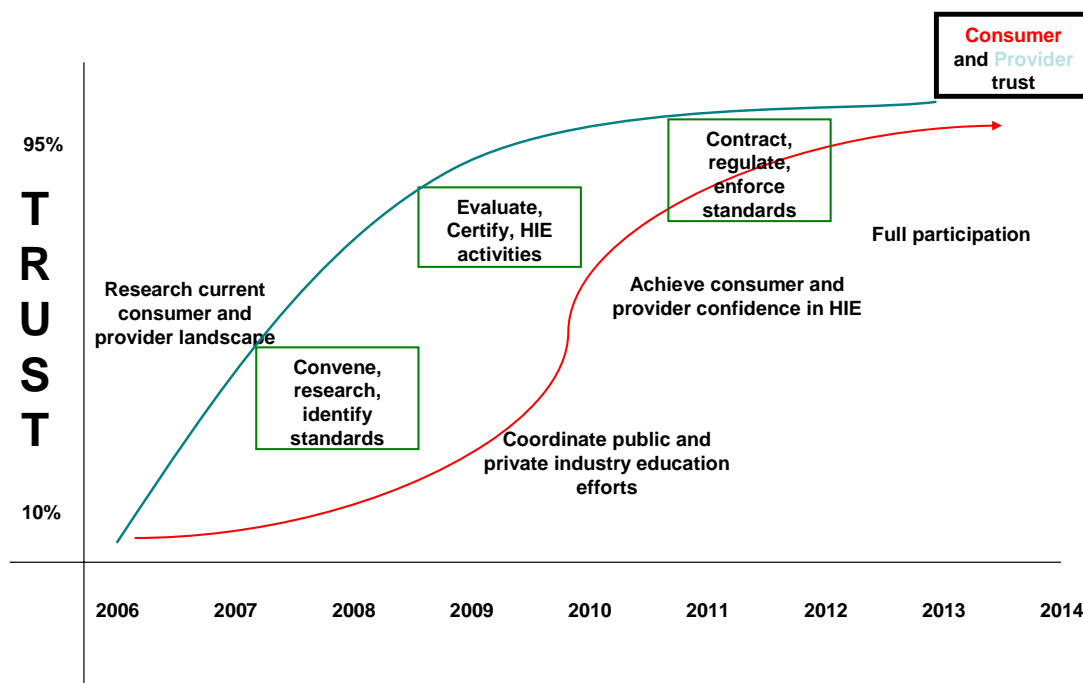
The California stakeholders' dialogue and collaboration over the proposed privacy and security solutions and implementation strategies provided the basis for the HISPC reports. In discussions about recommended solutions, the Implementation Workgroups developed implementation strategies to address each of the major categories of solutions and variations established by the Variations and Solutions Workgroups earlier in the process. As depicted graphically below, the Variations Workgroups identified over 200 business practice variations that clustered into six categories. Stakeholders considered the variations and developed corresponding solutions to address the major business practice variations.



The variations category “Trust” does not directly correspond with a solutions category. The categories are not listed in the order in which they are discussed in the current report, nor are the category titles consistent. The differences in the order of the categories and their nomenclature reflects the fluidity in the process. While the issue of creating trust among all stakeholders and consumers was not directly addressed by a specific solution or implementation plan, workgroup members concluded from the data that provider and consumer trust are critical requirements for successful HIE. Stakeholders further believed that trust will increase as a result of the collaborative activities described in the implementation plans. Establishing provider and consumer trust in each entity’s receipt, control, and use of information is foundational to successful participation in the exchange of health information. The committees

will test solutions to ensure the principle of trust is addressed as solutions are developed and implemented.

The Vision: Consumer and Provider Trust



California's proposed approach is tailored to implementing the proposed solutions outlined in the FAAR. The Solutions Workgroup concluded that proposed solutions must be based on an informed decision making process resulting in well-developed and thoroughly researched solution alternatives. The workgroup acknowledged the need to consider the feasibility and impact of each alternative across the broad continuum of healthcare stakeholders. Based on these principles, the Solutions Workgroup developed solutions directed toward establishing an organizational structure responsible for allocating the necessary time and resources to enable coordinated informed decisions that will resolve the variations identified in the FAAR.

The Implementation Workgroup examined the issues associated with establishing an organizational structure in California to continue resolving privacy and security variations and establish privacy and security standards. This report focuses on the strategic planning required to implement the short-term solutions identified in the FAAR. As the first step, an organizational structure must be established to address privacy and security for HIE in California. The structure consists of an HIE Privacy and Security Advisory Board (PSAB) and four committees. The PSAB will implement the short-term solutions in the order outlined in this report. An appropriate body

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of stakeholders will then determine the priority of the implementation strategy of the mid-term and long-term solutions.

The ultimate design and composition of the board is under discussion. These discussions will determine how the board will oversee the work of the committees, the committees' role and their relationships to each other and the relationship to the PSAB overseeing their work. California is sponsoring this PSAB and it will report to the California Health and Human Services Agency.

1.2 Key Assumptions and Limitations

Project Parameters

The Implementation Plan reflects the input from the stakeholders who participated in discussion settings. Efforts were made to include participants representing all relevant categories of stakeholders in the health care industry and to solicit their opinions about how the exchange of health information will work within their business practices. The proposed structure will produce multiple benefits to all HIE stakeholders; serving to answer stakeholders' questions, establishing security standards, developing fundamental privacy principles and policies, providing a venue for collaboration, and continuing general privacy and security efforts on behalf of Californians. Ongoing financial and staffing resources will be required to implement such an organizational structure.

The current project's Steering Committee, Legal Committee, and other stakeholder workgroups (see the *FAAR, Appendix A for list of participants*) will sunset on April 16, 2007 with the project's submission of the FIPR. Given the time and resource limitations of the HISPC project, the workgroups were not able to evaluate fully all the recommended solutions, the impacts on stakeholders, and any necessary alterations to the proposed solutions. As a result, the stakeholders did not develop the entire range of solutions, nor their implementation feasibility. Committee members recognize that stewarding electronic HIE is a complex and massive effort and significant work remains to be done. One of the remaining tasks is to identify and coordinate HIE security standards from the Federal Information Processing Standards (FIPS) and the National Institute of Standards and Technology (NIST) with this HIE effort.

Major Issues

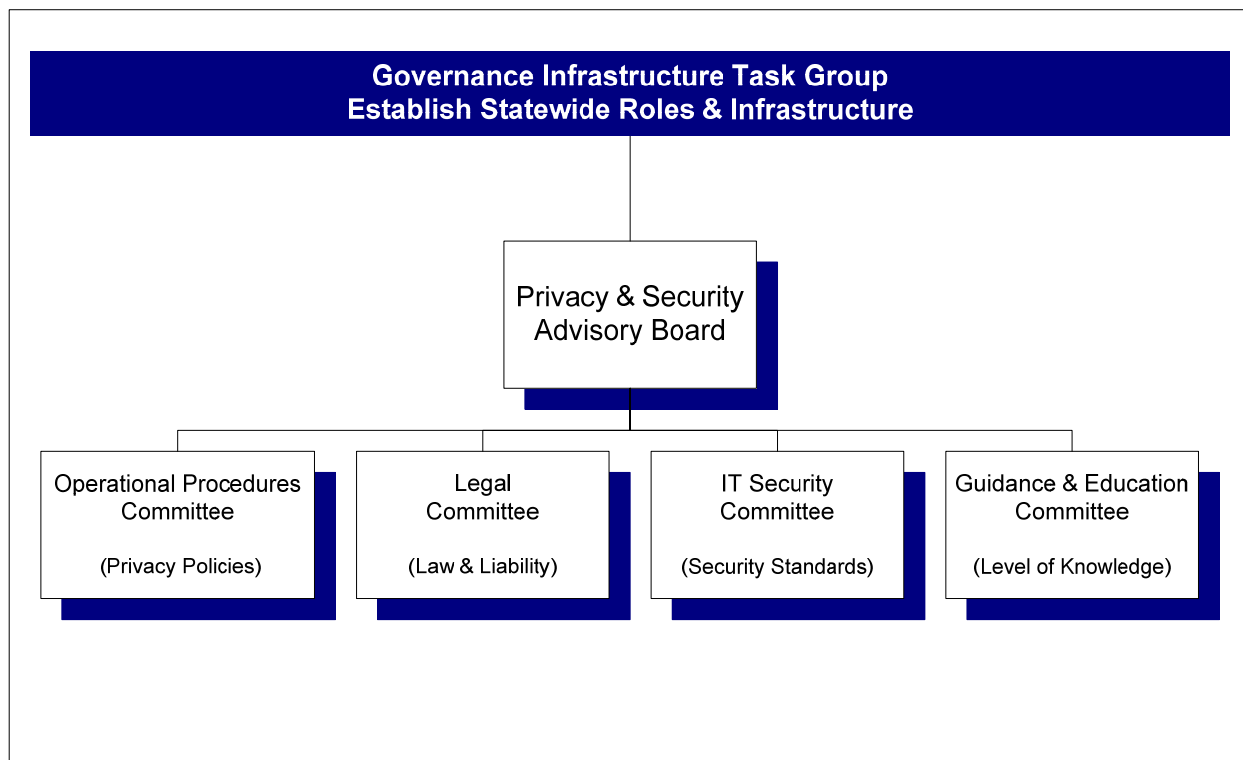
Two major issues will influence the solutions to the more granular issues.

- One factor that stakeholders believe inhibits development of HIE privacy and security standards is the 'tension' that results from the conflicting goals of a patient's right to privacy and a provider's responsibility to disclose health care information for payment and healthcare operations activities. All stakeholders agreed that providers should exchange health information for treatment, while simultaneously asserting that the disclosures for payment or health care operations may not always be sufficiently limited to the information or purpose stated. Stakeholders' concerns are deeper for HIE systems because of greater amounts and specificity of information. This is evidence of the key issues that must be resolved early in the process to prevent any further erosion of trust among consumers and providers.

- Stakeholders were aware that HIE efforts to promote electronic health information exchange technology must be developed taking into consideration privacy and security standards. As technological changes occur, variations identified thorough this process may change, thus altering the solutions and implementation strategies described in the reports. The PSAB and its committees must be diligent in tracking such changes.

2. Summary of Interim Analysis of Solutions Report

2.1 Solutions



The FAAR includes implementation plans that address the short-term solutions proposed in the FAAR. The FAAR proposed five solutions featuring short-, mid-, and long-term components. The recommended timeframes acknowledge the magnitude and complexity of HIE issues in California. The first solution will create a Privacy and Security Advisory Board (PSAB) to oversee the committee structure necessary to establish privacy policies and security standards for HIE. Without the PSAB, it is unlikely that proposed committees would be developed or implemented. The above diagram illustrates the proposed PSAB and its four committees.

2.2 Implemented Solutions

During the solutions analysis portion of the grant, the stakeholders alerted the Project Team to many best practices which were solutions to identified variations in business practices. Due to the size of California, it was and will continue to be a challenge to document the best practices, evaluate the potential to replicate solutions, and educate the stakeholders about the solutions. *See the FAAR, Appendix C for a listing of the best practices identified.*

3. Review of State Implementation Planning Process

3.1 Implementation Workgroup

The Project Team identified key stakeholder representatives from the Legal Committee, Statewide Scenario Workgroups, and Solutions Workgroups to form the Implementation Workgroups. Many individuals participated in more than one phase of the current project, resulting in continuity among the different variations, solutions, and implementation tasks. Despite the complexity of issues and potential solutions, the rapport among the workgroup participants enabled the group to tackle difficult issues and identify potential solutions and implementation strategies. The Implementation Workgroups featured diverse stakeholder representation, including stakeholders from the groups listed below: *(See Appendices D-F for listing of workgroup members.)*

State Government	County Government	Employers
Hospitals/Health Systems	Safety Net Providers	Public Health
Laboratories	Legal Counsel	Physician Groups
Quality Improvement Organizations	Community Clinics & Health Centers	Consumers & Consumer Organizations
Medical & Public Health Schools	Professional Associations & Societies	Regional Health Information Organizations
Pharmacies & Pharmacy Benefit Managers	Clinicians	Payers

3.2 Process

Two Implementation Workgroup meetings took place, the first in northern California and the second in southern California. Prior to both meetings, the Project Team asked invitees to review the solutions in the Interim Analysis of Solutions Report (IASR) and to consider potential implementation strategies. Interested individuals unable to attend or call in to the meetings were invited to post comments about the drafted implementation plans to the project forum or to email comments to a Project Team member.

At the first meeting, the workgroup reviewed the solutions developed to address different business practice variations and issues affecting HIE. Once participants reached a common understanding about the proposed solutions, the group discussed potential implementation plans and the corresponding elements required in the Interim Implementation Plan Report (IIPR) outline. Tasked with development of specific implementation plans, the group established consensus around high-level principles and issues underlying the variations and solutions necessary to proceed effectively with the implementation discussions. For example, before discussing specific implementation plan features such as costs, resources, and tracking measures, the group focused on the projects' scopes and desired outcomes.

Between the first and second Implementation Workgroup meetings, the Steering Committee met to provide input and expertise regarding the proposed projects' scopes and other outlying issues. The Steering Committee approved the solutions approach and agreed to continue with the development of solutions and implementation plans to address pressing business practice variations. The Steering Committee's decisions were instrumental to initiate the more detail-specific discussions for the second Implementation Workgroup meeting.

Prior to the second Implementation Workgroup meeting, the Project Team emailed participants the meeting materials and the draft IASR for review. Similar to the first meeting, individuals unable to attend or call in to the meeting were able to post comments to the project website or email the Project Team. At the second meeting, the group made significant progress toward the implementation plan details, but given the time and resource constraints, the group was unable to address every consideration required by the reports' formats. The Final Implementation Report Plan (FIRP) notes where information continues to be unavailable to address various elements. The group discussed the implementation details including resources, funding, timeliness, and milestones for the five short-term solutions. At the conclusion, participants agreed to continue their efforts on a voluntary basis toward achieving HIE privacy and security beyond the HISPC contract timeline.

3.3 Prioritization

Five implementation plans are outlined in the FIRP. It is important to note that the implementation plans only address the short-term components of the proposed solutions. In the project process, stakeholders concluded that individual short-term committee efforts be prioritized based on interdependencies between committee tasks, thus leveraging efforts among the committees. The four committees will be established concurrently and specific tasks will be prioritized and coordinated between committees as appropriate.

In early January 2007, coinciding with implementation workgroup meetings, Governor Schwarzenegger issued his proposed health care initiatives for 2007. The Steering Committee discussed and recommended that the PSAB consider using one or more of the Governor's initiatives as use cases to assist the PSAB in prioritizing issues. Specific areas addressed by the Governor's initiatives include:

- E-Prescribing
- Personal Health Records
- Obesity Management
- Diabetes Management
- Emergency Department Overcrowding
- Mental Health Data Exchange

See Appendix A of this report for the Governor's Executive Order and the Governor's Health Care Proposal.

3.4 Methodology

The tools and methods used in the implementation phase mirror the earlier efforts used in the variations and solutions data collection processes. In person meetings were held and participants unable to attend were invited to participate by telephone. Relevant meeting materials were both distributed to participants and made available on the project website for download and modification.

To ensure that all required report elements were addressed, the Project Team relied on the RTI-required interim reports' outlines as a major tool in the Workgroup and Steering Committee meetings. In addition, the timelines developed for and presented in the interim reports served as valuable reference points throughout the meetings as stakeholders reflected on the timelines' viability and prioritization. The Project Team utilized Microsoft Office PowerPoint software to facilitate the meetings and present the required elements and timelines for consideration. In addition, Microsoft Project was used for work schedule planning.

Stakeholders unable to attend meetings were invited to provide feedback electronically via the web forum or email to a Project Team member. Draft reports were posted to a project website for stakeholder access and review. The Project Team reviewed all responses and where appropriate, incorporated stakeholders' comments. The project reports reflect the expertise, time and effort that so many stakeholders reliably contributed throughout the entire project.

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4. State-Level Implementation Plans

The implementation plans provided in this report pertain exclusively to California. However, it is expected that the proposed PSAB and its staff will be available and willing to engage in interstate collaboration, as needed, and the opportunity arises. In addition, members and staff of the PSAB are participants on national committees and interstate and federal-level interactions efforts.

4.1 Statewide Strategy and Coordination

The proposed PSAB and Committees will include appropriate stakeholders throughout California, including representatives from public and private health care and IT industries. As the committees reach consensus and subsequent PSAB approval, the implementation strategies will move forward in a coordinated effort to address privacy and security for HIE effectively. Membership of the PSAB will change as necessary to respond to the changing HIE environment, replace members unable to participate, or augment the PSAB with underrepresented health care stakeholders.

4.2 Implementation Plans

The Solutions Workgroup stakeholders realized that currently there is no HIE central authority, or coordinated body of knowledge and expertise to confront and resolve privacy and security issues in California. Therefore, stakeholders recommended that an HIE organizational structure be created and composed of sufficiently qualified individuals committed to volunteering time and resources as PSAB and committee members. Each committee reporting to the PSAB will be interdisciplinary in membership to ensure that HIE issues are appropriately and thoroughly addressed. Under the current implementation plan:

- An Operational Procedures Committee will focus on the broader policy and privacy issues;
- An Information Technology Security Committee will evaluate security standards;
- A Legal Committee will examine state law issues and the relationship to other federal, state, and local provisions; and
- An Education and Guidance Committee will identify areas where educational opportunities for both the health care industry and its consumers.

The HIE Privacy and Security organizational structure is expected to be a separate effort from the HIPSC project. Participants in the HIPSC project, as well as others in the health care industry, will be invited to have a continued role as part of this effort to establish privacy and security standards to promote the electronic exchange of health information. The HIPSC participants are valuable assets who are not only subject-matter experts, but have formed collaborative and successful working relationships.

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4.2.1. Advisory Board Implementation Plan

Privacy and Security Advisory Board (PSAB)

- Establish the Board's role, scope, and coordination with other initiatives/groups
- Establish principles that will be the foundation for decision-making
- Establish a process by which standards will be set
- Establish a relationship to federal agencies and other states
- Continuation as a public-private partnership established to standardize and enforce privacy and security standards for HIE in CA

2007

Develop mission statement
Set policies
Establish level of governance
Assign deliverables

Evaluation

2008 - 2009

Publish Principles for CA Privacy and Security minimum required standards for exchange

Contracts

2010

Publish Gold Standard for interoperability

Certification

2012

Advance
Enforce
Proliferate HIE

2014

HIE fully operable

Directives

Summary

Establish a Privacy and Security Advisory Board (PSAB) to:

- Oversee the coordination, analyses, and promulgation of privacy and security HIE requirements,
- Develop plans for the implementation of solutions, and
- Develop plans that ensure enforcement of consistent privacy and security policies and standards among organizations participating in HIE.

Planning Assumptions and Decisions

Establishment of the PSAB will be the first step toward addressing privacy and security business practice and legal variations. Following its establishment, the Board will:

- Develop and adopt a process for developing and setting standards
- Develop and adopt principles to which decision-making will adhere
- Develop and prioritize the implementation strategies for mid- and long-term solutions.
- Establish milestones and timeframes for the development of privacy and security standards.

Adequate resources are required to achieve the desired level of standardization and implement proposed solutions to improve the quality

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of patient care and safety while facilitating the exchange of health information. Potential resources continue to be identified and evaluated by both the public and private health care industries, but no fiscal or staffing commitments have been made.

Project Ownership and Responsibility

Discussions concerning the sponsorship, reporting relationships, responsibilities, and the authority of the PSAB are ongoing.

Project Scope

The scope of the short-term implementation plan is limited to the development of a board of health care industry and other stakeholders from the public and private sectors, and recommendations for its structure, purpose, membership, and activities. The PSAB will oversee the committees' analyses of HIE privacy and security issues and the implementation of short-, mid-, and long-term solutions. The goal of this effort is to build trust among entities exchanging health information necessary to improve the quality of patient health care.

Work Breakdown Structure

See Appendix B

Project Timelines and Milestones

Activity	Start Date	Targeted End Date
HIE Privacy & Security Project	2/1/2007	Ongoing
Establish PSAB & Committee structure	4/16/2007	8/1/2007
Establish Operations Procedures Committee	7/1/2007	8/1/2007
Establish IT Security Committee	7/1/2007	8/1/2007
Establish Legal Committee	7/1/2007	8/1/2007
Establish Guidance and Education Committee	8/1/2007	8/30/2007
Establish a committee interface process	8/1/2007	9/30/2007
Establish principles	8/1/2007	9/30/2007
Review & Approve:	9/1/2007	Ongoing
• Privacy Principles	3/30/2008	Ongoing
• Security Standards	10/30/2007	Ongoing
• Legal Recommendations	7/1/2007	Ongoing
• Education Products	1/1/2008	Ongoing
Enforcement Activities	7/1/2010	Ongoing

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Projected Costs and Resources	The project's costs and resources have not yet been determined.
Tracking, Measuring and Reporting	The Project Team anticipates that Project Management systems and software will be used to track tasks and deliverables of the PSAB and the committees' tasks and deliverables.
Impact Assessment on All Affected Stakeholders	It was not possible to assess the impact on all affected stakeholders in the State given the timeframe and resources available for the current project. California's size and large population make it especially difficult to estimate the impact on specific stakeholder groups; for example, there are over 73,300 physicians among California's over 1 million employees in the health care industry. An impact assessment will be part of the PSAB's activities as it moves forward to establish privacy policies and security standards.
Feasibility Assessment	The stakeholders involved in the Steering Committee and the Solutions and Implementation Workgroups are committed to continuing their voluntary efforts and to developing statewide standards. Their commitment indicates that the stakeholders have vested interests in the success of this plan.
Possible Barriers	<ul style="list-style-type: none"> • Lack of funding • Lack of support among stakeholders • Non-participation among stakeholders • Lack of staffing • No common vision and purpose among different categories of stakeholders • Different levels of development and resources among public and private entities • Federal and State statutory and administrative activities that are not coordinated with this effort

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4.2.2. Operational Procedures Committee Implementation Plan

Operational Procedures Committee

- Identify and analyze relevant business policies, procedures & operations in the medical industry
- Establish the Committee's role in evaluation & certification
- Establish standards and the appropriate tools, templates, policies & procedures necessary to ensure the privacy of health information when exchanged electronically

2007

Examine systems to identify existing business procedures & protocols

Research, analyze & test to determine recommended practices & develop policies

2008

Build consensus among participating organizations

Share documents, i.e. policies, procedure & training manuals, forms

2009

Ensure consistent privacy procedures across participating organizations

Educate industry professionals, healthcare staff, doctors, etc.

2010

Enforcement by whom?

Summary

Entities that will participate in HIE have different internal privacy policies and there is no consensus on what constitutes best standards. In addition, entities have different interpretations of federal laws and regulations, state laws and regulations, and their interaction. The Operational Procedures Committee will coordinate analyses of privacy policies and the corresponding procedures. It will also conduct research, adopt policies, and promote consistent implementation, enforcement, and application of the privacy policies among those entities participating in HIE. The Committee's efforts will serve to build a regulatory environment conducive to the private and secure exchange of personal health information to improve the quality of patient care and reduce costs.

Health care industry professionals did not exhibit a consistent understanding of their responsibilities concerning the privacy of consumers' personal information and HIE. Without an industry baseline for privacy policies, the disparate protections implemented across different organizations negatively affect trust among consumers and stakeholders. A platform of privacy best practices, policies, procedures, and standards will reduce inconsistency and redundancy among entities, thus improving the continuity and quality of patient care and increasing trust among participants in health information exchange.

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**Planning
Assumptions
and Decisions**

The Operational Procedures Committee will submit findings and recommendations to the PSAB and the PSAB will share findings with the other committees as appropriate. It is essential that key industry stakeholders and subject-matter experts be represented on this group. The committee will consider the use of non-disclosure agreements to maximize sharing of entities' policies and procedures.

Certain security standards are dependent upon the resolution of specific privacy issues. For example, it would not be prudent to establish standards for access control without first determining who should have access to the information and what types of segmentation is needed for the data. Therefore, privacy and security standards will be prioritized taking this relationship into consideration.

**Project
Ownership and
Responsibility**

Discussions concerning the sponsorship, reporting relationships, responsibilities, and the authority of the PSAB are ongoing.

Project Scope

The business principles, practices, policies, and procedures developed by the Operational Procedures Committee will be addressing issues related to the security and privacy of health information as data for HIE purposes. The project scope is to the develop and establish of a committee of medical industry stakeholders from the public and private sectors and its structure, purpose, and membership. Committee activities will include implementing short-, mid-, and long-term solutions as defined in the IASR.

The committee will set privacy principles and policies to which HIE participants must adhere. In addition, it will identify and analyze all relevant federal and State provisions to reach consensus on patients' rights and providers' responsibilities with respect to health information privacy and security. In conjunction with the Guidance and Education Committee, the Operational Procedures Committee will propose approaches to ensure the consistent understanding, implementation, and maintenance of patients' rights and provider responsibilities concerning health information privacy and security.

**Work
Breakdown
Structure**

See Appendix B.

Projected Timeline and Milestones

Activity	Start Date	Targeted End Date
Operational Procedures Committee	8/1/2007	Ongoing
Identify Existing Business Procedures and Protocols	8/1/2007	1/2/2008
Review Business Practice Variations to Identify Privacy Issues	8/1/2007	1/2/2008
Prioritize Issues to be Addressed	8/1/2007	1/2/2008
Research, Analyze and Test to Determine Recommendations	8/1/2007	1/2/2008
Develop Privacy Principles and Policies for HIE Participants	9/1/2007	Ongoing

Projected Costs and Resources

The project's cost and resources have not yet been determined.

Tracking, Measuring and Reporting

Project Management tools and software will be used to track tasks and deliverables as assigned and the committee will report to the PSAB.

Impact Assessment on All Affected Stakeholders

It is not feasible to estimate the impact on all affected California stakeholders at this early date due to the size of the health care industry and State population. The new organizational structure will address such an assessment as it moves forward to resolve business practice variations.

Feasibility Assessment

The HIPSC Steering Committee and Workgroups did not evaluate the formation of the proposed structure. However, based on the level of participation by stakeholders in the HISPC project, it is expected that the Operational Procedures Committee will be successful.

Possible Barriers

- Lack of funding and staffing
- No support or participation among stakeholders
- No common vision and purpose among the various categories of stakeholders
- Different levels of development and resources among public and private HIE entities

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4.2.3. IT Security Committee Implementation Plan

IT/Security Committee

- Identify and analyze business practices and policies applying to the security of health information
- How should CA identify and establish security standards for HIE participants?
- How should CA develop a process to certify participants? Do we start with a volunteer system of self-certification and build to a system with a stronger enforcement role?

2007	2008 - 2009	2009	2010
Convene workshops to look at: 1. Security protocols (e.g.FIPS) 2. Organizations' standards 3. Minimum standards for exchange	Test & Recommend common standards & protocols in conjunction with Privacy Policies for: 1. Audit 2. Authentication 3. Authorization 4. Access Control 5. Encryption & Integrity 6. Other Technical Security 7. Physical Security 8. Administrative Security	Identify standards Evaluate current systems Determine current best practices, future goals Educate industry	Certification Enforcement 1. Who? 2. What? Evaluation of standards

Summary

While many potential participants in HIE have internal security standards there is no stakeholder consensus as to which standards best enhance the trust of participants to facilitate electronic exchange of health information. The IT Security Committee will coordinate analyses of IT security issues, conduct research around security standards, identify and adopt a set of HIE security standards, plan implementation, and recommend tools to ensure IT security policies are consistently enforced among California's HIE organizations.

Planning Assumptions and Identify Decisions

The IT Security Committee will submit findings and recommendations to the PSAB and the PSAB will share findings with the other committees as appropriate. The Committee will coordinate with the efforts of such entities as the National Health Information Network (NHIN), the Health Information Technology Standards Panel (HITSP), and the Certification Commission for Healthcare Information Technology (CCHIT). The Committee's efforts must aim to outpace or work collaboratively with the larger nationwide IT security industry to assure implementation affordability.

Regularly scheduled committee meetings will move discussions and products forward and monitor the standards development progress. Between meetings, members will have access to a secure website to review

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and download meeting and reference materials, post work products, seek input on work products, and access products of others. Pilots will be used to test the committee's recommendations.

Project Ownership and Responsibility

Discussions concerning the sponsorship, reporting relationships, responsibilities, and the authority of the PSAB are ongoing.

Project Scope

The scope of the short-term implementation plan is to develop and recommend a Committee of health industry stakeholders from the private and public sectors and define its structure, purpose, membership, and activities. The Committee will oversee the research, identification, and implementation of statewide standards and short, mid and long-term solutions for IT security policies and procedures. The establishment of statewide standards will enhance the ability for entities to create a security blueprint for implementing HIE and safeguarding the continuity of patient care. Committee members will also identify invitees and host an IT Security Workshop to ensure participation among appropriate vendors, additional stakeholders, and key architects.

Work Breakdown Structure

See Appendix B.

Projected Timeline and Milestones

Activity	Start Date	Targeted End Date
IT Security Committee	7/1/2007	Ongoing
Gather Existing Protocols	7/1/2007	1/2/2008
Determine Current Best Practices & Future Goals	7/1/2007	Ongoing
Begin Analysis of Solutions	8/1/2007	Ongoing
Test and Recommend Existing Business Procedures and Protocols	1/3/2008	Ongoing
Identify Standards	1/1/09	Ongoing
Support Remediation of Current Systems	10/1/2010	Ongoing

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Projected Costs and Resources	The project's cost and resources have not yet been determined.
Tracking, Measuring and Reporting	Project Management tools and software will be used to track tasks and deliverables as assigned and the committee will report to the PSAB.
Impact Assessment on All Affected Stakeholders	It is not feasible to estimate the impact on all affected California stakeholders at this early date due to the size of the health care industry and State population. The new structure will address such an assessment as it moves forward to resolve business practice variations.
Feasibility Assessment	The HIPSC Steering Committee and Workgroups did not evaluate the formation of the proposed organizational structure. However, based on the level of participation by stakeholders in the HISPC project, it is expected that the formation of the IT Security Committee will be successful. Stakeholders' ability to identify security standards is enhanced by the existence of other industry standards, such as FIPS, NIST, etc.
Possible Barriers	<ul style="list-style-type: none"> • Lack of support among stakeholders, including vendors, payers/health plans and providers • Lack of participation among stakeholders • Lack of staffing • Different levels of development and resources among public and private entities • No common vision among categories of stakeholders • Unknown costs to stakeholders for migrating to and implementing standards • Affordable advanced security controls may not be available • Existing security variations among entities

4.2.4. Legal Committee Implementation Plan

Legal Committee

- Research and develop model contracts and related documents
- Identify CA laws pertaining to the privacy and security of health information
- Prepare a HIPAA-State law crosswalk
- Provide forum where issues originating external to the committee can be raised

2007

Conduct legal analyses to:

1. ID healthcare information laws
2. Advise Operational & IT Committees
3. Prepare HIPAA-State law crosswalk

2009

Recommend enforcement alternatives

Work with other states around model state law

2010

Centralize CA privacy & security laws

Summary

Health care industry stakeholders and legal counsels interpret and apply health information privacy and security provisions differently resulting in disparate applications of privacy and security policies. Multiple interpretations and applications of federal and state provisions can adversely affect the quality of patient care. The Legal Committee will work to develop a better federal and State legal structure that will apply to health care data exchanged electronically.

Planning Assumptions and Decisions

The Legal Committee will submit findings and recommendations to the PSAB and the PSAB will share findings with the other committees as appropriate. The Legal Committee will include balanced representation from the private and public sectors. The Committee shall not be limited to legal counsels but shall have representatives from business practices and information technology.

Regularly scheduled meetings will be used to move products forward and monitor the progress of privacy policies and security standards. Between meetings, members will have access to a secure project website to review and download meeting and reference materials, post work products, seek

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input, and access the work products of others.

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Project Ownership and Responsibility

Discussions concerning the sponsorship, reporting relationships, responsibilities, and the authority of the PSAB are ongoing.

Project Scope

The scope of the short-term implementation plan is to develop and establish a committee of legal counsels and subject-matter experts from the public and private health care industries, and define its structure, purpose, and membership. As it addresses the proposed short-, mid- and long-term solutions, the Legal Committee will identify and resolve privacy and security issues rising from federal provisions, State provisions, State law preemption, and state law interactions affecting HIE. The Committee will adopt a charter as approved by the PSAB. It shall research existing non-disclosure agreements and multi-lateral participation agreements and develop model contracts. The Committee will develop a reference indicator for locating **all** health care information privacy and security laws and regulations, both federal and State. Finally, a HIPAA to State law crosswalk will be prepared.

The products of this committee will be vetted through both the Operational Procedures Committee and the IT Security Committee to assure that the recommendations and tools are appropriate and acceptable for business practices before presentation to the PSAB.

Work Breakdown Structure

See Appendix B.

Projected Timeline and Milestones

Activity	Start Date	Targeted End Date
Legal Committee	5/2/2007	Ongoing
Monitor and assess impact of relevant legislation, regulatory changes, and emerging case law	7/1/2007	Ongoing
Assist Operations & IT Security Committees	7/1/2007	1/2/2008
Prepare indicator of location of all federal and state laws affecting health care privacy and security	7/1/2007	12/31/2007
Prepare HIPAA-State Law Crosswalk	7/1/2007	9/30/2007
Reach Common Interpretation of CA Privacy & Security Law	10/1/2007	12/31/2009
Identify Standard Contract Language	1/3/2008	12/31/2009

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Recommend Enforcement Alternatives	1/1/2009	12/30/2009
Work with Other States Around Model State Law	1/1/2009	12/30/2009
Simplify CA Privacy and Security Laws	1/1/2010	1/1/2014

Projected Costs and Resources

The project's cost and resources have not yet been determined.

Tracking, Measuring and Reporting

Project Management tools and software will be used to track tasks and deliverables as assigned and the committee will report to the PSAB.

Impact Assessment on All Affected Stakeholders

It is not feasible to estimate the impact on all affected California stakeholders at this early date due to the size of the health care industry and State population. The new structure will address such an assessment as it moves forward to resolve business practice variations.

Feasibility Assessment

The HIPSC Steering Committee and Workgroups did not evaluate the formation of the proposed organizational structure. Based on the level of participation by stakeholders in the HSPC project, it is expected that the formation of the Legal Committee will be successful. However, due to the number and differing interpretations of the laws and regulations in California and their interaction with federal provisions, it is difficult to determine the likelihood of success.

Possible Barriers

- No funding
- Lack of support and participation among stakeholders
- Lack of qualified legal staff to promulgate policies
- Lack of funding for legal staff
- Lack of a common vision and purpose among the different categories of stakeholders
- Inability to agree on core principles and goals or laws
- Different levels of development and resources among public and private HIE entities

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4.2.5. Guidance and Education Committee Implementation Plan

Guidance and Education Committee

- Advance HIE promoting public participation
- Develop messages to consumers about HIE
- Develop education efforts prior to the issuance of standards, where appropriate

2007 - 2008

Research current level of public knowledge

Grassroots

work with privacy advocates

Conduct a survey to quantify consumer perspectives

2009

Develop curriculum on

1. Patient rights & responsibilities
2. Benefits of HIE

2010

Conduct foundational education

1. Patient rights & responsibilities
2. Benefits of HIE
3. FAQs

Summary

The project team identified variable knowledge levels among health care industry stakeholders and staff about the privacy and security requirements for HIE. Consumers also exhibit insufficient knowledge about their health information rights and responsibilities and the impact of HIE on their records. The cumulative differences in knowledge among consumers and health care industry staff naturally leads to mistrust and negatively affects consumers' confidence for participation in HIE.

Planning Assumptions and Decisions

The Guidance and Education Committee will submit findings and recommendations to the PSAB and the PSAB will share findings with the other committees as appropriate. The Guidance and Education Committee will have balanced representation from the private, public, and consumer sectors to ensure broad input into California's educational needs.

Regularly scheduled meetings will drive the effort forward and be used to monitor progress. Between meetings, members will have access to a secure project website review and download meeting and reference materials, post work products, seek input from others, and access work products.

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Project Ownership and Responsibility

Discussions concerning the sponsorship, reporting relationships, responsibilities, and the authority of the PSAB are ongoing.

Project Scope

The scope of the short-term implementation plan is to develop and recommend a committee of health care industry stakeholders from the public and private sectors, and define its structure, purpose, and membership. The committee will implement the short-, mid-, and long-term solutions by examining opportunities to educate health care industry stakeholders and patients on privacy and security provisions and the benefits of HIE.

Work Breakdown Structure

See Appendix B.

Projected Timeline and Milestones

Activity	Start Date	Targeted End Date
Establish the Guidance and Education Committee	8/1/2007	Ongoing
Research Current Level of Public Knowledge – Conduct a Survey – Research Sponsors, Funding & Credibility	8/1/2007	1/2/2008
Grassroots Work with Privacy Advocates	8/1/2007	Ongoing
Develop Curriculum on Patient Rights & Responsibilities and Benefits of HIE	8/1/2008	Ongoing
Conduct Foundational Education Including patient Rights & Responsibilities, Benefits of HIE & FAQ's Document	12/31/2008	Ongoing

Projected Costs and Resources

The project cost and resources have not yet been determined.

Tracking, Measuring and Reporting

Project Management tools and software will be used to track tasks and deliverables as assigned and the committee will report to the PSAB.

Impact Assessment on All Affected Stakeholders

It is not feasible to estimate the impact on all affected California stakeholders at this early date due to the size of the health care industry and State population. The new structure will address such an assessment as it moves forward to resolve business practice variations.

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**Feasibility
Assessment**

The HIPSC Steering Committee and Workgroups did not evaluate the formation of the proposed the Guidance and Education Committee will be successful. However, based on the level of participation by stakeholders in the HISPC project, it is expected that the organizational structure will be successful.

**Possible
Barriers**

- Lack of funding
- Lack of support and participation among stakeholders
- Non-participation among stakeholders
- Lack of staffing
- No common vision and purpose among categories of health care industry stakeholders
- Different levels of development and resources among public and private entities

5. Multi-state Implementation Plans

5.1 Multi-State Strategy and Coordination

California has not yet engaged in any multi-state implementation planning. However, throughout the current project, the Project Team has closely coordinated its activities with the New York Team and has been in contact and shared results with various other states including:

Alaska	New Hampshire
Arizona	New Jersey
Colorado	New York
Connecticut	Ohio
Florida	Oklahoma
Massachusetts	Utah
Minnesota	Wisconsin
Mississippi	Wyoming

California anticipates sharing information with Washington and Oregon as we proceed to establish the HIE organizational structure and begin the analysis and setting of privacy and security standards. In addition, California is actively participating on the National Governor's Alliance for E-Health task force on Health Information Protection. In this role, we will be sharing our findings with other states throughout the nation.

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